

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
MATTHEW 25 NETWORK

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Christopher Korzen

Signature of Treasurer Christopher Korzen [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MATTHEW 25 NETWORK

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9243.52"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19735.00"/>	<input type="text" value="29675.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="28978.52"/>	<input type="text" value="29675.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20281.95"/>	<input type="text" value="20978.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8696.57"/>	<input type="text" value="8696.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="15432.20"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MATTHEW 25 NETWORK

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1750.00	6800.00
(ii) Unitemized	2985.00	7875.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4735.00	14675.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19735.00	29675.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	19735.00	29675.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19735.00	29675.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	393.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	393.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	20281.95	20584.72
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20281.95	20978.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20281.95	20978.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19735.00	29675.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19735.00	29675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	393.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	393.71

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Michael Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 W. Lanvale St
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Constellation Energy Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 27 / 2010
Transaction ID : SA11AI.7286
 Amount of Each Receipt this Period 250.00

B. Michael D. McCurry
 Full Name (Last, First, Middle Initial)
 Mailing Address 10313 Fawcett St.
 City State Zip Code Kensington MD 20895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Public Strategies Washington Occupation Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 10 / 15 / 2010
Transaction ID : SA11AI.7029
 Amount of Each Receipt this Period 1000.00

C. Thomas Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 Chestnut Ave.
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auctive, Inc. Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 10 / 29 / 2010
Transaction ID : SA11AI.7302
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	1750.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Third Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00002089
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2010
Transaction ID : SA11C.7032
 Amount of Each Receipt this Period
 5000.00
 Contribution

B. LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 16TH STREET NW
 City WASHINGTON State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C70004171
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2010
Transaction ID : SA11C.7334
 Amount of Each Receipt this Period
 10000.00
 Contribution

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Suzette Caldwell	Nature of Debt (Purpose): Newspaper Advertisement
Mailing Address PO Box 130876	
City State Zip Code Spring TX 77393	

Outstanding Balance Beginning This Period 4931.64	Transaction ID : SD10.4515	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4931.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catholics United	Nature of Debt (Purpose): Reimbursement for Legal Services
Mailing Address 415 Michigan Ave. NE	
City State Zip Code Washington DC 20017	

Outstanding Balance Beginning This Period 585.00	Transaction ID : SD10.7012	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 585.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catholics United	Nature of Debt (Purpose): Staff Time
Mailing Address 415 Michigan Ave. NE	
City State Zip Code Washington DC 20017	

Outstanding Balance Beginning This Period 4132.99	Transaction ID : SD10.7004	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4132.99

1) SUBTOTALS This Period This Page (optional)..... ▶	9649.63
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catholics United	Nature of Debt (Purpose): Rent
Mailing Address 415 Michigan Ave. NE	
City State Zip Code Washington DC 20017	

Outstanding Balance Beginning This Period 92.69	Transaction ID : SD10.7006	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 92.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catholics United	Nature of Debt (Purpose): Web and email hosting
Mailing Address 415 Michigan Ave. NE	
City State Zip Code Washington DC 20017	

Outstanding Balance Beginning This Period 51.48	Transaction ID : SD10.7007	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 51.48

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catholics United	Nature of Debt (Purpose): Email list rental
Mailing Address 415 Michigan Ave. NE	
City State Zip Code Washington DC 20017	

Outstanding Balance Beginning This Period 2054.20	Transaction ID : SD10.7008	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2054.20

1) SUBTOTALS This Period This Page (optional)..... ▶	2198.37
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catholics United	Nature of Debt (Purpose): Email list rental
Mailing Address 415 Michigan Ave. NE	
City State Zip Code Washington DC 20017	

Outstanding Balance Beginning This Period 6.35	Transaction ID : SD10.7139	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catholics United	Nature of Debt (Purpose): Staff time
Mailing Address 415 Michigan Ave. NE	
City State Zip Code Washington DC 20017	

Outstanding Balance Beginning This Period 2354.84	Transaction ID : SD10.7136	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2354.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catholics United	Nature of Debt (Purpose): Rent
Mailing Address 415 Michigan Ave. NE	
City State Zip Code Washington DC 20017	

Outstanding Balance Beginning This Period 102.42	Transaction ID : SD10.7137	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 102.42

1) SUBTOTALS This Period This Page (optional)..... ▶	2463.61
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catholics United	Nature of Debt (Purpose): Email and web hosting
Mailing Address 415 Michigan Ave. NE	
City State Zip Code Washington DC 20017	

Outstanding Balance Beginning This Period 20.59	Transaction ID : SD10.7138	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.59

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Salem Radio Representatives	Nature of Debt (Purpose): Radio Ads
Mailing Address 6400 N. Belt Line Road	
City State Zip Code Irving TX 75063	

Outstanding Balance Beginning This Period 1100.00	Transaction ID : SD10.6753	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1120.59
2) TOTALS This Period (last page this line number only)..... ▶	15432.20
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	15432.20

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK	FEC IDENTIFICATION NUMBER ▼ C C00449801
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Leon-Grossman Andrea		Date MM / DD / YYYY 10 / 27 / 2010
Mailing Address PO Box 3333		Amount 250.00
City Manhattan Beach	State CA	
Zip Code 90501	Transaction ID : SE.7146	
Purpose of Expenditure Ad production and design	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>VA</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 302.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Boutwell Studios		Date MM / DD / YYYY 10 / 18 / 2010
Mailing Address 2917 Central Ave.		Amount 447.50
City Birmingham	State AL	
Zip Code 35209	Transaction ID : SE.7028	
Purpose of Expenditure Ad production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>VA</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 302.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	697.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher Korzen
Signature

[Electronically Filed] Date **03 / 07 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK	FEC IDENTIFICATION NUMBER ▼ C C00449801
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Danville Register-Bee		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2010
Mailing Address PO Box 331		Amount 1522.80
City Danville	State VA	
Zip Code 24543	Transaction ID : SE.7148	
Purpose of Expenditure Ad placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1825.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Eleison Group		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2010
Mailing Address 1665 North Fort Meyer; Suite 700		Amount 12000.00
City Arlington	State VA	
Zip Code 22209	Transaction ID : SE.7023	
Purpose of Expenditure Radio ad booking and air time.	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 302.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13522.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher Korzen [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
03 / 07 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK	FEC IDENTIFICATION NUMBER ▼ C C00449801
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Eleison Group		Date MM / DD / YYYY 10 / 27 / 2010
Mailing Address 1665 North Fort Meyer; Suite 700		Amount 5000.00
City Arlington	State VA	
Zip Code 22209	Transaction ID : SE.7335	
Purpose of Expenditure Ad placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>VA</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1825.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Martinsville Bulletin		Date MM / DD / YYYY 10 / 31 / 2010
Mailing Address 204 Broad St.		Amount 1061.65
City Martinsville	State VA	
Zip Code 24115	Transaction ID : SE.7142	
Purpose of Expenditure Newspaper ad placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>VA</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS STUART PRICE PERRIELLO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2887.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6061.65
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	20281.95

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher Korzen
Signature

[Electronically Filed] Date **03 / 07 / 2012**